FOR INSTRUCTIONS, SEE BACK OF FORM		FORM	STATEMENT
CHECK ONE:		DR-1	OF
☐ This is an initial* Statement of Organization ☐ This is an amended* Statement of Organization	Reset Form	(Rev. 04/2008)	ORGANIZATION
All Initial Statement of Organization must be filed within 40.	Committee's according a secretive	For Office Use	Only
making expenditures, or incurring indebtedness exceeding \$750. Amer a change. Penalties may be imposed for late-filed Statements of Owner.	idments must be filed within 30 days of	Comm. #	
a change. Penalties may be imposed for late-filed Statements of Organ committee that exceeds \$750 in activity for enoting of the state	ization. A candidate with an open	Indexed Audited	
DR-1 disclosing information concerning the campaign for the new office	1 10 days either a new or amended	Computer	
COMMITTEE NAME Use (A candidate's committee must include	the candidate's last same is the	the committee)	
To be a second of the post of the po	ress	and domininees.)	
IMPORTANT: Indicate type of committee you are reporting for: 5 (1)Statewide/Legislative/Judge Standing for Retention Candidate (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision PAC (11) Local E	(2)Statewide PAC (3)State Party (4) er Political Subdivision Candidate (8) Ballot Issue (including committee invol	County Central Co County PAC (9)C ved in multiple city	mmittee ity PAC /county ballot issues)
Name J J	COMMITTEE CHAIR (manda		
Jerry Swanson	Thomas Filer		
Mailing Address ↓ ↓ 2105 9th Ave. N.	Mailing Address ↓ ↓ 718 East (Circle Rd.	
City, State ↓ ↓ Zip Code ↓ ↓ Denison, IA 51442	City, State ↓ ↓ Zip Code ↓ ↓ Denison, IA 51442		
Phone (712)_263-3178	Phone (712) 263-3172		
e-Mail	e-Mail		
INDICATE PURPOSE OF COMMITTEE - Check One Box A Comment or description:	dvocate for/against candidate(s) 🔲 Adv	ocate for ballot issu	e(s)
All Candidates Enter: Office Sought: County Public Hospital Trustee	County/Local Candidates an	ocate against ballot	issue(s)
		d Local Ballot Com	imittees Enter:
Political Party (if applicable)none	County: Crawford (If active in multiple ballot issue		
District: 24	11/04/200	e elections, attach ils	t of counties
Year Standing for Election: 2008	Date of Election: 11/04/200	J6	
Bank Account Name (must match committee name)	Candidate name & Address or Pa	rent Entity (PACs if	annlicable)
·	Candidate name & Address or Pa	rent Entity (PACs, if iliate, or Sponsor	applicable),
Bank Account Name (must match committee name) ↓ ↓ Ciizens for Carol Swanson for Responsible Hospital Pro Name of Financial Institution/type of Account ↓ ↓	Carol Swanson	rent Entity (PACs, if iliate, or Sponsor	applicable),
Ciizens for Carol Swanson for Responsible Hospital Pr	Carol Swanson Mailing Address Aft	rent Entity (PACs, if	applicable),
Ciizens for Carol Swanson for Responsible Hospital Pro	Carol Swanson Mailing Address ↓ ↓ 2105 9th Ave. N.	iliate, or Sponsor	
Ciizens for Carol Swanson for Responsible Hospital Pro-	Carol Swanson Mailing Address	iliate, or Sponsor	applicable). Zip ↓ ↓
Ciizens for Carol Swanson for Responsible Hospital Pro- Name of Financial Institution/type of Account Bank Iowa Mailing Address 1108 Broadway City State Zin Jane City State Zin Jane City State Zin Jane City Zin	Carol Swanson Mailing Address	iliate, or Sponsor	
Ciizens for Carol Swanson for Responsible Hospital Property Name of Financial Institution/type of Account Bank Iowa Mailing Address 1108 Broadway	Carol Swanson Mailing Address 2105 9th Ave. N. City Denison, IA 51442 Phone (712) 263-3178	iliate, or Sponsor	
Ciizens for Carol Swanson for Responsible Hospital Problem Name of Financial Institution/type of Account Bank Iowa Mailing Address 1108 Broadway City State Zip Denison, IA 51442	Carol Swanson Mailing Address 2105 9th Ave. N. City Denison, IA 51442 Phone (712) 263-3178 e-Mail	iliate, or Sponsor	
Ciizens for Carol Swanson for Responsible Hospital Pro- Name of Financial Institution/type of Account Bank Iowa Mailing Address 1108 Broadway City State Zin Jane City State Zin Jane City State Zin Jane City Zin	Carol Swanson Mailing Address 2105 9th Ave. N. City Denison, IA 51442 Phone (712) e-Mail ffirms the following:	State ↓ ↓	Zip ↓ ↓
Ciizens for Carol Swanson for Responsible Hospital Problem Name of Financial Institution/type of Account Bank Iowa Mailing Address 1108 Broadway City State State Zip Denison, IA 51442	Carol Swanson Mailing Address 2105 9th Ave. N. City Denison, IA 51442 Phone (712) 263-3178 e-Mail ffirms the following: at they are subject to the laws in lowa Code	State ↓ ↓	Zip ↓ ↓ 3 and the administrative
Ciizens for Carol Swanson for Responsible Hospital Problem Name of Financial Institution/type of Account Bank Iowa Mailing Address 1108 Broadway City Denison, IA 51442 STATEMENT OF AFFIRMATION: By filing this document the committee at 1. The committee and all persons connected with the committee understand the rules in Chapter 351 of the Iowa Administrative Code. That Iowa Code section 68A.402 and rule 351—4.9 require the filing of discless subjects the candidate or chairperson (in the case of committees other than a composition of other criminal and civil sanctions. That Iowa Code section 68A.405 and rules 351—4.38 through 4.43 require the materials except for those items exempted by statute or rule. A committee that does not intend to cross the \$750 filing threshold shall file the Form DR-SFA for	Carol Swanson Mailing Address 2105 9th Ave. N. City Denison, IA 51442 Phone (712) 263-3178 e-Mail ffirms the following: at they are subject to the laws in lowa Code cosure reports and that the failure to file these andidate's committee) to the automatic as see the placement of the words "paid for by" and wishes to register a committee name for pur m in lieu of filing this form.	chapters 68A and 68I e reports on or before ssment of a civil pena	Zip ↓ ↓ B and the administrative the required due dates lty and the possible nittee on all political orter "paid for by" and
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